DIS-3 Rev. 03/07 Survivor Benefits

## Florida Retirement System Pension Plan Disclaimer of Benefits



PO BOX 9000 Tallahassee, FL 32315-9000 Local Phone: 850-907-6500 Toll Free: 844-377-1888 FAX: 850-410-2010

Member Name		Mer	mber SSN	
Ι,	, the u	ndersigned	l, hereby disclaim, relind	quish, renounce, and waive any claim to
•	•		•	_
Dated at	(City) _			_ County, Florida
this	day of _			_20
(2 Witnesses to signing are	Witness	Discl	aimant:	
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Witne	ess		<u> </u>	
Residing at				
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	This form must be sig	ned and a	cknowledged before a	notary public
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	i the presence of a Nota	ary)		
Notary:				
State of	, County of		The above name	ed person who has sworn to and subscril
before me thisday	of	20	and who is personally	known or has produc
	identif	ication.		
Signature of	Notary Public		Print. Type or Stan	np Commissioned Name of Notary Public

## **Disclaimer Instructions**

## Disclaimer signed by a beneficiary:

-After this document has been signed and notarized, it should be sent to Survivor Benefits Section
Division of Retirement
PO Box 9000
Tallahassee FL 32315-9000

- -This Disclaimer becomes irrevocable when received by the Division of Retirement.
- -Disclaimers must be received by the Division within 24 months of the event which created the disclaimed interest, usually the member's date of death.

**Disclaimer signed by a fiduciary** (personal representative, trustee, power of attorney, or guardian):

- A fiduciary must have court approval to disclaim.
- The disclaimer must be filed and recorded in an office of the Clerk of Circuit Court in the State of Florida within 24 months of the event leading to the disclaimer, usually the member's death.
- A copy of the court approval and the recorded disclaimer must be mailed to the Division of Retirement at the above address.
- -The disclaimer becomes irrevocable when filed in the Circuit Court.

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